



# Water Resources Program

## Application for a Water Right Permit

For Ecology Use  
(Date Stamp)

11 DEC 12 18:44  
DEPT. OF ECOLOGY  
FISCAL & BUDGET

Follow the attached instructions. Attach additional sheets as necessary.

☒ GROUND WATER ☐ SURFACE WATER  
☒ PERMANENT ☐ SHORT TERM ☐ TEMPORARY  
☐ DROUGHT

**\*A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION.**

### Section 1. APPLICANT

Applicant/Business Name: Sun Cove Public Water System #851249 Lake Entiat Lodge Estates Associated HOA	Phone No: 509-687-9511 ext 328	Other No: 509-784-1166
Address: P.O. Box 426		
City: Manson	State: WA	Zip: 98831
Email Address (optional): kflynn@wapatopoint.com		

Contact Name (if different from above): Ken Flynn	Phone No: 509-687-9511 ext 328	Other No: <b>509-438-7765 Cell</b>
Relationship to Applicant: Managing Agent		
Address: Same		
City:	State:	Zip:
Email Address (optional):		

Legal Land Owner or Part Owner Name of the Proposed Place of Use: Lake Entiat Lodge Associated HOA (Sun Cove)	Phone No: 509-784-1166	Other No:
Address: 250 W Beach		
City: Orondo	State: WA	98843
Email Address (optional): kflynn@wapatopoint.com		

**Signatures are required. See page 7.**

For Ecology Use	APPLICATION NO: <u>G4-33045</u>	SEPA: Exempt/Not Exempt
	Fee Paid: <u>\$50.00</u> <i>need more</i> <u>\$20.89</u> Check No: _____	ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____	Priority Date <u>12.15.2011</u> By _____ WRIA: <u>44-Douglas</u>



## Section 2. STATEMENT OF INTENT

Do you own the land on which the proposed point of diversion/withdrawal is located? YES ☒ NO  
If no, do you have legal authority to make this application for use of another's land? ☐ YES ☒ NO

Briefly describe the purpose of your proposed project:

Domestic Water System for 436 homes once built out at Lake Entiat Lodge Estates Associated ( Sun Cove)

Anticipated length of time to complete your project: NA

**Water Use** List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only)		Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
	<input type="checkbox"/> Cubic Feet per Second (CFS)	<input checked="" type="checkbox"/> Gallons per Minute (GPM)		
Community Domestic Water	319 gpm		0	Continuously
<b>TOTAL:</b>				

### Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES x NO

Is this request for a temporary permit? ☐ YES x NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Section 3. POINT OF DIVERSION OR WITHDRAWAL

(Complete A or B, and C below)

A.) If Surface Water Source	B.) If Ground Water Source
<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____	1 Well(s) <input type="checkbox"/> Other: _____
Source Name: _____	_____ 45' 8 inch diameter
Tributary to: _____	Well diameter & depth: <u>103' 12 inch diameter</u>
Number of proposed diversion points: _____	Number of proposed points of withdrawal: <u>2</u>
Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have an existing well? 2 YES <input type="checkbox"/> NO
	If available, attach Water Well Report and pump test.
	Well Tag ID No. <u>ABX277</u>



**C.) Point of Diversion/Withdrawal – Legal Description**

Parcel No.	¼	¼	Section	Township	Range	County
	NE1	4SW1	11	26N	21 E.W.M.	Douglas
Lot(s)	Block(s)		Subdivision			
8						

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:

\_\_\_\_\_ Feet (☐ North/☐ South) and \_\_\_\_\_ feet (☐ East/☐ West) **GPS Coordinates: 47 deg 45 min 49 sec N / 120 deg 09 min 45 sec W**

from the (☐NW ☐SW ☐NE ☐SE ☐ \_\_\_\_\_ ) corner of Section\_\_\_\_\_.

Parcel No.	¼	¼	Section	Township	Range	County
	SW	NE	11	26N	21 E.W.M.	Douglas
Lot(s)	Block(s)		Subdivision			
8						

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:

\_\_\_\_feet (☐ North/X South) and \_\_\_\_\_feet (☐ East/X West) **GPS Coordinates 47 deg 45 min 51 sec N / 120 deg 09 min 45 sec W – North 83° west and 1600 feet from the east quarter corner of Section 11 (from Certificate of Water Right dated April 12, 1968**

from the (☐NW ☐SW XNE ☐SE ☐\_\_\_\_\_) corner of Section11

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

**Section 4. PLACE OF USE**

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

Plat of Lake Entiat Estates, within Section 11 t. 26 N., R. 21 E.W.M.

Attached

¼	¼	Section	Twp.	Range	County	Parcel No.

Do you own all the lands on which the proposed place of use is located? YES ☒ NO.

If no, do you have legal authority to make this application for use of another's land? ☒ YES ☐ NO

Provide owner name(s), address, and phone number:

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Are there any other water rights or claims associated with this property or water system? X YES ☐ NO

If yes, provide the water right and/or claim numbers: **Ground Water Permit No. G4-01242C**



**Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.**

### Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source):

Domestic water supply system with two wells. One automatic start and stop well with a depth of 103" and 12 inch diameter has a 75 Hp pump. We have two back up pumps one 25 hp and one at 30HP pulling from a second well at a depth of 45 feet and 8 inches in diameter. They are started manually.

### Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

(Complete A or B, and C below)

A.) Domestic Water Systems only	B.) Municipal Water Systems only (defined under RCW 90.03.015)
Projected number of connections to be served: _____	Present population to be served water: <u>697 Average between Winter and Summer Season #'s</u> <u>363 Homes sites</u>
Type of connections: _____ (e.g., home, recreational cabin)	Estimate future population to be served: <u>1465 Average between Winter and Summer Season #'s</u> <u>451 Homes Sites</u> (20 year projection)
<b>C.) Water System Planning</b>	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input checked="" type="checkbox"/> YES NO Initial Water System Plan submitted September 1999 and approved / Updated WSP Submitted 9/21/2011	
If yes, date plan was approved ____/____/1999 Water System Number: <u>852149</u>	
Name of water system: <u>Sun Cove Public Water System</u>	
Are you within the service area of an existing water system? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system:	



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## Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

### Irrigation

Total number of acres requested to be irrigated under this application = \_\_\_\_\_ ACRES

NOTE: Outline the area to be irrigated on your attached map. See *Community Map*

### Stockwater

List number and kind of stock:

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Is the proposed project for a dairy farm? ☐ YES ☒ NO

### Other Proposed Farm Uses

Describe all proposed uses:

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### Family Farm Water Act (RCW 90.66):

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☐ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO

If yes, enter Permit No: \_\_\_\_\_

## Section 8. OTHER WATER USES

### Hydropower

Indicate total feet of head \_\_\_\_\_ and proposed capacity in kilowatts: \_\_\_\_\_

Describe works:

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Indicate all uses to which power is to be applied: \_\_\_\_\_

FERC License No: \_\_\_\_\_

### **Mining/Industrial Use**

Describe use, method of supplying and utilizing water:

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### **Other Use**

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## **Section 9. WATER STORAGE**

Will you be using a dam, dike, or other structure to retain or store water? YES ☒ NO

Are you proposing to store more than 10 acre-feet of water? YES ☒ NO

Will the water depth be 10 feet or more? YES ☐ NO

If you answered yes to any of the above questions, please describe:

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*NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.*

## **Section 10. DRIVING DIRECTIONS**

Provide detailed driving directions to the project site:

North from Wenatchee on hwy 97 to mile marker 224.5 then left on Sun Cove road. Drive to bottom of hill to  
Association Manager Office in Clubhouse

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Site Address:

250 W Beach Drive, Orondo, WA 98843 – this is the address of the clubhouse and community manager's office.

The well sites are located within 100 yards of the clubhouse.

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## Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Ken Flynn  
 Print Name  
 (Applicant or authorized representative)

[Signature]  
 Signature

12/9/11  
 Date

\_\_\_\_\_  
 Print Name  
 (Legal Owner or Part Owner Place of Use)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Brandon Fox / Board Pres.  
 Print Name  
 (Legal Owner or Part Owner Place of Use)

[Signature]  
 Signature

12/19/11  
 Date

Please check the region in which the project is located:

<b>*Submit your application to:</b>  DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 - 160 <sup>th</sup> Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

If you need this document in an alternate format, please call the Water Resources Program at 360-407-6872.  
 Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.

